

Case Number:	CM15-0161258		
Date Assigned:	08/28/2015	Date of Injury:	03/04/2010
Decision Date:	11/30/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/18/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Anesthesiology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old, male who sustained a work related injury on 3-4-10. A review of the medical records shows he is being treated for low back pain. Treatments have included medications and previous lumbar epidural steroid injection on 3-11-15 (with relief 7 days). Current medications include Aleve, Ambien and Tramadol. In the progress notes, the injured worker reports lumbar pain that occasionally radiates to the left leg with numbness to foot with greater than one hour of sitting. He rates the pain 3-6 out of 10. He has left leg radiculopathy with numbness and tingling down to toes. In the objective findings dated 5-30-15, sensory pinwheel intact to lower extremities. He has tenderness to spine. He has 4-5 out of 10 pain with Kemp's test on left side. He has decreased range of motion in lumbar spine. Previous CT scan of lumbar spine dated 6-19-14 reveals "no acute osseous abnormalities and severe degenerative joint disease involving the L5-S1 level left greater than right." He is working. The treatment plan includes renewing medications, for a CT scan of the lumbar spine and a CT scan of the lumbar spine with concurrent epidural steroid injection. In the Utilization Review dated 8-12-15, the requested treatments of Ambien 5mg. #120, a CT scan of the lumbar spine and a CT scan of lumbar spine with concurrent epidural steroid injection are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ambien 5mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment.

Decision rationale: Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Ambien is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien to be effective for up to 24 weeks in adults. It can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, there is no documentation provided necessitating long-term use of Ambien therapy. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Computed tomography (CT) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CT scan of the lumbar spine.

Decision rationale: According to the ODG magnetic resonance imaging (MRI) has largely replaced computed tomography (CT) scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multi-planar capability. The ODG states that a CT is recommended for thoracic spine trauma with equivocal or positive plain films, no neurological deficit; thoracic spine trauma with neurological deficit; lumbar spine trauma; myelopathy, and to evaluate successful fusion if plain x-rays do not confirm fusion. In this case, the patient had CT scan of the lumbar spine in 2014 and there is no documentation of any new unequivocal objective findings that identify specific nerve compromise. Medical necessity for the requested lumbar CT has not been established. The requested study is not medically necessary.

Computed tomography (CT) of the lumbar spine and concurrent epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESIs.

Decision rationale: Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). ESIs can offer short-term pain relief and use should be in conjunction with other rehab efforts. The purpose of ESIs is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Research has shown that, on average, less than two injections are required for a successful ESI outcome. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. The CA MTUS guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, the patient has had previous epidural steroid injections without documentation of at least a 50% decrease in pain with associated reduction of medication use for six to eight weeks. The requested epidural steroid injection is not medically necessary. In addition, there is no indication for a CT scan of the lumbar spine. Medical necessity of the requested services has not been established. The requested items are not medically necessary.